This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
3/1/23	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
Accounting	Barcode Data Filing Period (optional - see instructions)								
Accounting Period									
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.								
Owner	List any other name or names under which the owner conducts the business of the cable system.								
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.								
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	Mediacom Southeast LLC								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
	ONE MEDIACOM WAY								
	(Number, street, rural route, apartment, or suite number)								
	MEDIACOM PARK, NY 10918								
	(City, town, state, zip)								
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B								
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	Mediacom Southeast LLC								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 ONE MEDIACOM WAY (Number street rural route anartment or suite number)								
	(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918								
	(City, town, state, zip code)								

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

	T	FORM SA1-2E. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
	Mediacom Southeast LLC	271						
	Instructions: List each separate community served by the cable system. A							
D	"a separate and distinct community or municipal entity (including unincorp							
	discrete unincorporated areas). 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification nei							
	as the "first community." Please use it as the first community on all future							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	r mobile home parks should be reported in parentheses below the						
Served	identified city.							
	CITY OR TOWN	STATE						
First	Colerain	NC						
Community	Powellsville	NC						
	Windsor	NC						
d Rows as Necessary								

Accounting Period: 2022/2
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27192

Mediacom Southeast LLC

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	317	40.49-53.04					
 Service to additional set(s) 							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	0	40.49-53.04					
Converter							
Residential							
Non-residential							
					1		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
Pay cable	PP	Motel, hotel		Family Cable	#####
 Pay cable—add'l channel 	PP	Commercial			
Fire protection		Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	109.99	Burglar protection			
 Additional set(s) 	15.00-49.00	Other services:			
 FM radio (if separate rate) 		Reconnect	49.00		
Converter	10.50	Disconnect			
		Outlet relocation	15.00-49.00		
		Move to new address			

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27192

4. LOCATION OF STATION

Mediacom Southeast LLC

1. CALL SIGN

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2. B'CAST CHANNEL NUMBER

WCTI/WCTI(HD) ABC 12 New Bern, NC 17 WEPX/WEPX (HD) ION Jacksonville, MS WHRO (PBS) 16 Е Hampton, VA WITN (MyNET) 32.2 I-M Washington, NC WITN/WITN(HD) NBC 32 N Washington, NC WITN-DT3 MeTV 32.3 I-M Washington, NC WITN-DT6 Circle 32.6 I-M Washington, NC 10 Ν Greenville, NC WNCT/WNCT(HD) CBS 10.2 I-M Greenville, NC WNCT-DT2 (CW) WNCT-DT3 True Crime Ne 10.3 I-M Greenville, NC WSKY (IND) 9 Maneto, VA WUND/WUND(HD) PBS 20 Edenton, NC Ε E-M WUND-DT2 PBS KIDS 20.2 Edenton, NC WUND-DT3 Explorer Char 20.3 E-M Edenton, NC WUND-DT4 NCCHL 20.4 E-M Edenton, NC WYDO/WYDO(HD) FOX 47 Greenville, NC

3. TYPE OF STATION

Add Rows as Necessary

ccounting Period:	2022/2			FORM SA1-2E. PAGE 3.					
	LEGAL NAME OF OWNER OF	SYSTEM ID#							
Name	Mediacom Southeast LLC								
	PRIMARY TRANSMITTERS:	TELEVISION							
G	carried by your cable syster	m during the accounting period, excep	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network progran	ne basis under					
Primary	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a								
Transmitters:	substitute program basis, as explained in the next paragraph.								
Television			carried by your cable system on a subs	titute program					
		les, regulations, or authorizations: e in space G—but do list it in space I (the Special Statement and Program Lo	pa)—if the					
	station was carried only on			(3)					
	1	•	ed both on a substitute basis and also						
			s, see page (v) of the general instruction program services such as HBO, ESPN						
			program services such as fibo, ESFN le-air designation. For example, report						
	"WETA-2" as the same on t	· ·	is all designation. To example, repert	. maidet eam					
		ĕ	evision station for broadcasting over th	e air in its community					
		RC is channel 4 in Washington, D.C.	station, an independent station, or a r	annonmercial					
			(for network multicast), "I" (for indepen						
			or "E-M" (for noncommercial education						
		rms, see page (iv) of the general instr							
			st the community to which the station is the community with which the station is						
	FCC. For Mexican or Canad	dian stations, if any, give the name of	the community with which the station is	s identined.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Mediacom Southeast LLC

27192

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
		 					
		 					
		 				 	
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Accounting Perio	d. 2022/2						FOI	RM SA1-2E. PAGE 5.	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FOI	SYSTEM ID#	
Name	Mediacom Southeast	LLC						27192	
Substitute Carriage: Special Statement and Program Log	Mediacom Southeast SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programn 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant stat Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUTI In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograi Column 3: Give the call Column 4: Give the broad	E: SPECIA ify every non accounting p ning that mu T CONCEF riod, did you tion? ", leave the E PROGRA titute progra ace, please of every no. distant stat egulations, of ries like "mo Bulls." m was broa sign of the adcast stati	AL STATEME nnetwork televiceriod, under sp st be included RNING SUBS ur cable system rest of this pa am on a separadd additional additional and that y or authorizatio ovies" or "bask dcast live, ent station broadd on's location (ision program, broadcast by pecific present and former Frint this log, see page (v) of the strITUTE CARRIAGE of the carry, on a substitute base age blank. If your answer is a rate line. Use abbreviations of the rows to the tables. It is see page (v) of the generated by the court cable system substitute ins. See page (v) of the generated by the court cable system substitute ins. See page (v) of the generated by the court cable system substitute ins. See page (v) of the generated by the court cable system substitute in the casting the substitute programs of the community to which the community to which the	a distant state CC rules, regine general insists, any nonness, any nonness wherever possible program") the defor the properal instruction titles, for each of the properation in the properation	ulations, contructions network technical compossible, if nat, during orgammin ons for fur example, freensed by	relevision pro Plevision pro Plevision pro Plevision pro Types The pro The pr	rstem carried on a ons. For a further SA1-2 form. gram X NO ogram ng is nting r station iation. " or	
	first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	oth and day ve "5/7." es when the Example: a eer "R" if the and regulation	when your sy e substitute pr a program car listed program ons in effect c	rogram was carried by your ried by a system from 6:01 m was substituted for progr during the accounting perio	e program. Us cable syster :15 p.m. to 6 ramming that d; enter the le er FCC rules	n. List the :28:30 p.i your sys etter "P" i	e times accum. should be tem was <i>rec</i> f the listed plations in	irately e uuired	
	S		E PROGRAM				CURRED	7. REASON FOR DELETION	
	TITLE OF PROGRAM	2. LIVE? Yes or No	STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	TIMES TO	BELETION	
							_		
								·····	
							_		
							_		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM I						
Hallie	Mediacom Southeast LLC		271						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transic (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	mission service							
	during the accounting period	\$ 99,074.18							
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	ss receipts)						
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 9. Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800							
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	r this six-mon							
	Line 1. Royalty fee for accounting period	. \$	52.00						
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00						
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	,100)							
	1. Base amount under statutory formula	<u> </u>							
	2. Enter amount of gross receipts from space K	_							
	3. Subtract line 2 from line 1	_							
	4. Enter the amount of gross receipts from space K								
	5. Enter the amount from line 3								
	6. Subtract line 5 from line 4								
	7. Multiply line 6 by .005 (enter figure here)								
	8. Interest charge. Enter the amount from line 4, space Q, page 8	·	0.00						
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8								
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	7,600)							
	1. Enter the amount of gross receipts from space K	<u> </u>							
	2. Base amount under statutory formula	<u> </u>							
	3. Subtract line 2 from line 1	_							
	4. Multiply line 3 by .01								
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00							
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and		_							
otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00							
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00							
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00						
	Important: Your remittance must be in the form of an electronic payment payable to the Reg	istor of Convriat	nts!						

Accounting Period:	2022/2								FORM SA1-2E. PAGE 7.	
Name	Mediacom Sou	OWNER OF CABLE SYSTEM: utheast LLC							SYSTEM ID# 27192	
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations									
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.									
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou		DRMATION I	IS NEEDED (Ide	ntify an individu	al to whom			
for Further Information	Name Address	Kenneth J. Kohrs One Mediacom Way	,				Telephone	845-443-270	62	
		(Number, street, rural route, apart Mediacom Park, NY (City, town, state, zip)	tment, or suit							
	Email	Copyrights@m	nediacomo	icc.com		Fax	x (optional)			
O Certification	• I, the undersign	(This statement of account med, hereby certify that (Check	one, <i>but on</i>	<i>nly one</i> , of th	e boxes.)					
	X (Agen	er other than corporation or p t of owner other than corpor line 1 of space B and that the	ration or p	partnership)	I am the duly au	horized agent o			fied	
		Ser or partner) I am an officer line 1 of space B.	(if a corpor	oration) or a p	partner (if a partn	ership) of the leg	gal entity identified as o	wner of the cable	system	
		d the statement of account and te, and correct to the best of m on 1001(1986)]						in		
				n electronic sig	neth J. Kohrs gnature on the lin an "/s/ signature'	e above to certify		-		
		Typed or printe	d name:	Kennet	th J. Kohrs					
		Title:			t, Financial F				111101111111111111111111111111111111111	
		Date:					2/7/2023			

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Accounting Period: 2022/2 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 27192 **Mediacom Southeast LLC** SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Accounting period